

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Application for Vocational Rehabilitation Services

SOCIAL SECURITY NUMBER

LAST NAME		FIRST NAME		MIDDLE INITIAL	PREVIOUS NAMES USED
CURRENT STREET ADDRESS		CITY		STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)		CITY		STATE	ZIP CODE
DATE OF BIRTH	TELEPHONE NUMBER ()		COUNTY	EMAIL ADDRESS	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CONTACT PERSON'S NAME AND TELEPHONE NUMBER (someone whose phone number is different than yours who would be able to give you a message) ()			
U.S. MILITARY VETERAN? ____YES ____NO					
U.S. CITIZEN? ____YES ____NO IF NO, DO YOU HAVE AN: ALIEN REGISTRATION CARD? ____YES ____NO EMPLOYMENT AUTHORIZATION DOCUMENT? ____YES ____NO		MARITAL STATUS CHECK ONE: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		RACE CHECK ONE OR MORE: <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	
ETHNICITY: HISPANIC/LATINO ____YES ____NO Other (specify) _____					
What is the primary medical condition, injury, physical/mental impairment or disability that limits your ability to work: When did this impairment/disability begin? (year) _____					
In addition, please list any other conditions, impairments or disabilities that limit your ability to work. When did these impairments/disabilities begin? (year) _____					
What is your highest level of education? Check one: <input type="checkbox"/> No formal schooling <input type="checkbox"/> Some elementary school (grades 1-8) <input type="checkbox"/> Some high school (grades 9-12) but no high school diploma <input type="checkbox"/> Special education certificate of completion/attendance <input type="checkbox"/> High school diploma <input type="checkbox"/> GED (high school equivalency certificate) <input type="checkbox"/> Some college or vo-tech education but no degree or certificate <input type="checkbox"/> Associate degree <input type="checkbox"/> Vocational/Technical Certificate <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree or higher			Please check one of the following which best describes your current living arrangement: <input type="checkbox"/> Private residence (either on your own or with your family, or with a roommate) <input type="checkbox"/> Group home <input type="checkbox"/> Rehabilitation facility <input type="checkbox"/> Mental health facility <input type="checkbox"/> Nursing home <input type="checkbox"/> Jail or adult correctional facility <input type="checkbox"/> Halfway house <input type="checkbox"/> Substance abuse treatment center <input type="checkbox"/> Homeless/shelter <input type="checkbox"/> Other		

While in school, did you ever have an Individualized Education Program or IEP (special education)? ____YES ____NO

Are you working? If yes where: _____

If no, check one: ____ H.S. Student ____ Other Student ____ Trainee/Intern/Volunteer ____ Other

If you are employed, how many hours do you usually work per week? _____

If you are employed, what are your current **weekly** earnings? \$ _____ (gross wages, salaries, tips or commissions before payroll or tax deductions)

Are you currently receiving any of the following? If yes, please list the **monthly** amount.

<input type="checkbox"/> SSDI (Social Security Disability Insurance)	Amount: \$ _____
<input type="checkbox"/> SSI (Supplemental Security Income)	Amount: \$ _____
<input type="checkbox"/> TAF (Temporary Assistance for Families)	Amount: \$ _____
<input type="checkbox"/> General Assistance (Public Assistance)	Amount: \$ _____
<input type="checkbox"/> Veterans' disability benefits	Amount: \$ _____
<input type="checkbox"/> Workers' compensation	Amount: \$ _____
<input type="checkbox"/> Any other public support	Amount: \$ _____

Who referred you? Check one:

☐ Grade school or high school
☐ University, college, or vo-tech school
☐ Doctor or hospital
☐ Welfare or public assistance agency
☐ A rehabilitation program in your community
☐ Social Security Administration or Disability Determination Services
☐ One-stop workforce center
☐ Law enforcement or corrections
☐ Self-referral
☐ Other _____

What is your primary (largest) source of support? Check one:

☐ Your personal income (earnings, interest, dividends, rent)
☐ Your spouse's income, or support from family and friends
☐ Public support such as SSDI, SSI, TAF, etc.
☐ Other sources such as insurance or charities

Do you have any of the following types of medical insurance coverage? Check one or more:

☐ Medicaid
☐ Medicare
☐ Workers' compensation
☐ Private insurance through employment
☐ Insurance Company _____
☐ Private insurance through other means (for example, insurance through your parents or spouse)
☐ Insurance Company _____
☐ None

To help us coordinate your services, please check any other SRS services you are receiving. Check one or more if you are receiving the following:

☐ Temporary Assistance (TAF)
☐ General Assistance (GA)
☐ Food Stamps
☐ Children and Family Services
☐ Foster Care
☐ Child Support Enforcement
☐ Kan Be Healthy
☐ HealthWave
☐ Child Care
☐ Adult Protective Services
☐ Low Income Energy Assistance
☐ Medicaid
☐ Working Healthy
☐ HCBS Waiver
☐ Other _____
☐ None

Accommodations for communications

☐ Regular print
☐ Braille
☐ Large print
☐ Tape
☐ 3.5 disk
☐ CD
☐ Other language (specify) _____

OFFICE USE ONLY

In making this application for vocational rehabilitation services, I acknowledge that:

- I am applying for vocational rehabilitation services for the specific purpose of getting and/or keeping a job.
- It is my responsibility to inform my counselor of any changes related to this application, such as changes in my address, income or employment.
- **Prior** written approval from my counselor is needed before Rehabilitation Services will pay for any services.
- Payment for some services may be based on financial need according to my personal or family income.
- I expressly give permission for information about me to be shared within the Department of Social and Rehabilitation Services (SRS). Rehabilitation Services will also have access to information in my Social Security, Disability Determination, SRS, and employment records.
- No one will be discriminated against by Rehabilitation Services because of disability, race, religion, sex, color, national origin, length of residency in the state, or ancestry.
- I have received a Handbook of Services.

Applicant's Signature

Date

Parent's, Guardian's or Legal
Representative's Signature (if needed)

Date

Parent's, Guardian's or Legal Representative's Address, Telephone Number, Email address

Key to Terminology Used on the Application for Vocational Rehabilitation Services

Question	Definitions or Guidance
Social Security Number	
Last name, first name, middle initial	
Previous names used	Includes nicknames, maiden names, other previous last names.
Current street address, City, State, Zip Code	Residence.
Mailing address (if different), City, State, Zip Code	
Date of birth	
Telephone number	
County	
Email address	
___ Male ___ Female	
Contact person's name and telephone number (someone whose phone number is different than yours who would be able to give you a message)	
U. S. Military Veteran? ___ Yes ___ No	
U.S. citizen? If no, do you have an: Alien registration card? ___Yes ___No Employment authorization document? ___Yes ___No	The basic purpose of the VR program is for people with disabilities to go to work. When work cannot be achieved (such as those cases where aliens are here under visas prohibiting work), then such individuals would not be eligible. The counselor may ask the applicant to provide proper credentials to clarify his/her status and to determine whether work is permitted under his/her visa. In the absence of such credentials, it is not possible to find such individuals eligible. Note: Sometimes students are admitted for the particular purpose of pursuing a course of study. Unless work is also permitted as a condition of their visas, they would not be eligible for VR services.
Marital Status (Check One) ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed	
Race Check one or more: ___ White ___ Black or African American ___ American Indian or Alaska Native ___ Asian ___ Native Hawaiian or Other Pacific Islander	The information recorded must reflect the individual's own identification of race from the categories listed. Multiple responses are permitted.

Question	Definitions or Guidance
Ethnicity Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No Other (specify) _____	The information recorded must reflect the individual's own identification of ethnicity. The client may specify an ethnicity other than Hispanic/Latino if they so choose. Hispanic/Latino will continue to be entered in KMIS as this is a federal requirement. The information on other ethnicity will be for the staff's information only. Since it is not a federal requirement, it will not have to be entered in KMIS.
What is the primary medical condition, injury, physical/mental impairment or disability that limits your ability to work: _____	Primary Disability. The Counselor will review the information provided by the applicant and determine the appropriate 4-digit disability code. The number is a combination of the impairment code and cause/source code.
When did this impairment/disability begin? (year)	Indicate year only.
In addition, please list any other conditions, impairments or disabilities that limit your ability to work. _____	Secondary Disability. The Counselor will review the information provided by the applicant and determine the appropriate 4-digit disability code. The number is a combination of the impairment code and cause/source code.
When did these impairments/disabilities begin (year)	Indicate year only.
What is your highest level of education? Check one: <input type="checkbox"/> No formal schooling <input type="checkbox"/> Some elementary school (grades 1-8) <input type="checkbox"/> Some high school (grades 9-12) but no high school diploma <input type="checkbox"/> Special education certificate of completion/attendance <input type="checkbox"/> High school diploma <input type="checkbox"/> GED (high school equivalency certificate) <input type="checkbox"/> Some college or vo-tech education but no degree or certificate <input type="checkbox"/> Associate degree <input type="checkbox"/> Vocational/Technical Certificate <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree or higher	<p>This should reflect the level of education the individual has attained at the time of application. If an actual educational level is not documented, record an estimated level.</p> <p>On KMIS, high school diploma and GED will be combined into one response. Associate degree and Vocational/Technical Certificate will be combined into one response. This approach is to facilitate programming and to be consistent with federal reporting requirements, while still allowing the counselor to see the specific response on the paper application.</p>
While in school, did you ever have an Individualized Education Program or IEP (special education)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relates to IEPs in accordance with the provisions of the Individuals with Disabilities Education Act
Please check one of the following which best describes your current living arrangement: <input type="checkbox"/> Private residence (either on your own, with your family, or with a roommate) <input type="checkbox"/> Group home <input type="checkbox"/> Rehabilitation facility <input type="checkbox"/> Mental health facility <input type="checkbox"/> Nursing home <input type="checkbox"/> Jail or adult correctional facility <input type="checkbox"/> Halfway house <input type="checkbox"/> Substance abuse treatment center <input type="checkbox"/> Homeless/shelter <input type="checkbox"/> Other	This can be either a temporary or permanent residence, whichever is appropriate at the time of application.

Question	Definitions or Guidance
<p>Are you working?</p> <p>If yes, where:_____</p> <p>If no, check one:</p> <p><input type="checkbox"/> H.S. Student</p> <p><input type="checkbox"/> Other Student</p> <p><input type="checkbox"/> Trainee/Intern/Volunteer</p> <p><input type="checkbox"/> Other</p>	<p>Counselors will review the information provided by the applicant, and then choose one of the following listed on KMIS. KMIS will include a help screen.</p> <p><input type="checkbox"/> <u>Employment without Supports in Integrated Setting</u> <i>Full-time or part-time employment in an integrated setting without ongoing support services. This is worked performed for wages, salary, commission, tips, or piece-rates below, at, or above the minimum wage. Do not include self-employed individuals.</i></p> <p><input type="checkbox"/> <u>Extended Employment</u> <i>Work for wages or salary in a non-integrated setting for a public or nonprofit organization. Such settings are referred to as community rehabilitation programs, or sheltered/industrial/occupational workshops. Individuals are compensated according to the Fair Labor Standards Act and the organization provides any needed support services that enable the individual to train or prepare for competitive employment.</i></p> <p><input type="checkbox"/> <u>Self-employment (except BEP)</u> <i>Work for profit or fees including operating one's own business, farm, shop or office. Includes sharecroppers but not wage earners on farms.</i></p> <p><input type="checkbox"/> <u>State Agency-managed Business Enterprise Program (BEP)</u> <i>Randolph-Sheppard vending facilities and other small businesses operated by people who are legally blind. Operation occurs under the oversight of the VR agency.</i></p> <p><input type="checkbox"/> <u>Homemaker</u> <i>Men and women whose activity is keeping house for persons in their households or for themselves if they live alone.</i></p> <p><input type="checkbox"/> <u>Unpaid Family Worker</u> <i>Work without pay on a family farm or in a family business</i></p> <p><input type="checkbox"/> <u>Employment with Supports in Integrated Setting</u> <i>Full-time or part-time employment in an integrated setting with ongoing support services for individuals with significant disabilities. Compensation may be below, at or above the minimum wage.</i></p> <p><input type="checkbox"/> <u>Not employed: Student in Secondary Education</u></p> <p><input type="checkbox"/> <u>Not employed: All other Students</u> <i>May be attending school full-time or part-time.</i></p> <p><input type="checkbox"/> <u>Not employed: Trainee, Intern or Volunteer</u> <i>Persons engaging in unpaid work experiences, internships or volunteer work for the purpose of increase their employability. They may receive a stipend to defray the cost of transportation or other incidental expenses.</i></p>

Question	Definitions or Guidance
Work status, continued	<p>Continued</p> <p>___Not employed: Other <i>Persons who do not fit the other categories, including persons just out of school who are not yet employed; persons unable to retain or obtain work; and persons who have recently left specialized medical facilities.</i></p> <p><i>When an individual's work activity overlaps into two different employment categories, select the one that is more descriptive of the individual's employment activity at application.</i></p>
If you are employed, how many hours do you usually work per week?	<p>The number of hours an individual worked for earnings in a typical week at the time of the application. Earnings may have been in the form of wages, salaries, tips, commissions, profits from self-employment, adjusted gross income for salespersons, etc. If the individual generated no earnings, the answer to this question should be zero.</p>
If you are employed, what are your current weekly earnings? \$_____ (gross wages, salaries, tips or commissions before payroll tax deductions) before payroll or tax deductions)?	<p>The amount of money to the nearest dollar earned in a typical week at the time of application. Includes all wages, salaries, tips and commissions received before payroll deductions of federal, state and local income taxes and Social Security payroll tax. Also includes profits derived from self-employed individuals. Earnings for salespersons, consultants, self-employed individuals and other similar occupations are based on the adjusted gross income. Adjusted gross income is gross income minus unreimbursed business expenses. Do not include estimates of payments in-kind, such as meals and lodging. Estimate the profits of farmers, if necessary.</p> <p>Where earnings are based on commissions which are irregular (such as in real estate or auto sales), the typical week's earnings should be calculated on an average over a representative period of time, such as one month.</p> <p>When there are significant amounts of unreimbursed expenses which are irregular (such as a car lease payment due the first of every month), the expenses should be averaged over a representative period of time to obtain a meaningful figure for a typical week's expenses.</p> <p>Commissions are generally not paid when earned, but are paid periodically, such as weekly, biweekly, or monthly. Such earnings should be based on the actual receipt of the payment and not on amounts accruing until the next commission payout.</p>

Question	Definitions or Guidance
<p>Are you currently receiving any of the following? If yes, please list the monthly amount.</p> <p>_____ SSDI (Social Security Disability Insurance) Amount: \$ _____</p> <p>_____ SSI (Supplemental Security Income) Amount: \$ _____</p> <p>_____ TAF (Temporary Assistance for Families) Amount: \$ _____</p> <p>_____ General assistance (Public Assistance) Amount: \$ _____</p> <p>_____ Veterans' disability benefits Amount: \$ _____</p> <p>_____ Workers' compensation Amount: \$ _____</p> <p>_____ Any other public support Amount: \$ _____</p>	<p>One payment is sufficient to establish "receipt."</p> <p>This section refers to cash payments made by federal, state, and/or local governments for any reason, including an individual's disability, age, economic, retirement and survivor status. Include payments to a family unit precipitated by the individual's disability or when the individual's presence is taken into account in the computation of the family benefit. Also include any payments that are sent directly to the individual in an institution or to dependents on his/her behalf. Exclude any non-cash support payments such as Medicaid, Medicare, food stamps and rental subsidies.</p> <p>General assistance may be any type of assistance provided by the state or local government, and is not intended to refer only to the SRS General Assistance program.</p> <p>Veterans' Disability Benefits are payments made by the Department of Veterans Affairs for partial or total disability.</p> <p>Other public support payments are cash payments made to individuals, not otherwise listed in this question. It may include payments made by federal, state and local governments for retirement or survivor benefits to the individual as well as unemployment insurance benefits or other temporary payments.</p> <p>Monthly amounts are funds received (to the nearest dollar) by the individual each month. If the individual receives two or more types of support, record the amount from each source.</p> <p>Social Security amounts are to be verified through SSA or from a copy of the individual's benefit notification letter.</p> <p>If the TAF payment is made to the family unit, use the EES procedure to estimate the individual's portion of the payment.</p>
<p>Who referred you? Check one:</p> <p>_____ Grade school or high school</p> <p>_____ University, college, or vo-tech school</p> <p>_____ Doctor or hospital</p> <p>_____ Welfare or public assistance agency</p> <p>_____ A rehabilitation program in your community</p> <p>_____ Social Security Administration or Disability Determination Services</p> <p>_____ One-stop workforce center</p> <p>_____ Law enforcement or corrections</p> <p>_____ Self-referral</p> <p>_____ Other</p>	<p>Indicate the entity that first referred the individual to the VR agency. If the individual approached the VR agency on his/her own, even if it was based on information provided by the agency, the response should be self-referral.</p>
<p>What is your primary (largest) source of support? Check one:</p> <p>_____ Your personal income (earnings, interest, dividends, rent)</p> <p>_____ Your spouse's income, or support from family and friends</p> <p>_____ Public support such as SSDI, SSI, TAF, etc.</p> <p>_____ Other sources such as insurance or charities</p>	<p>This should be the individual's largest single source of economic support at application, even if it accounts for less than one-half of the individual's total support.</p> <p>If the person is supported by the earnings of a spouse, or by the spouse's unemployment insurance, the answer to this question should be "your spouse's income, or support from family and friends." It should not be "your personal income."</p>

Question	Definitions or Guidance
<p>Do you have any of the following types of medical insurance coverage? Check one or more:</p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> Medicare</p> <p><input type="checkbox"/> Workers' compensation</p> <p><input type="checkbox"/> Private insurance through employment Insurance Company _____</p> <p><input type="checkbox"/> Private insurance through other means (for example, insurance through your parents or spouse) Insurance Company _____</p> <p><input type="checkbox"/> None</p>	
<p>To help us coordinate your services, please check any other SRS services you are receiving. Check one or more if you are receiving the following:</p> <p><input type="checkbox"/> Temporary Assistance (TAF)</p> <p><input type="checkbox"/> General Assistance (GA)</p> <p><input type="checkbox"/> Food Stamps</p> <p><input type="checkbox"/> Children and Family Services</p> <p><input type="checkbox"/> Foster Care</p> <p><input type="checkbox"/> Child Support Enforcement</p> <p><input type="checkbox"/> Kan Be Healthy</p> <p><input type="checkbox"/> HealthWave</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Adult Protective Services</p> <p><input type="checkbox"/> Low Income Energy Assistance</p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> HCBS Waiver</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> None</p>	
<p>Accommodations for communications</p> <p><input type="checkbox"/> Regular print</p> <p><input type="checkbox"/> Braille</p> <p><input type="checkbox"/> Large print</p> <p><input type="checkbox"/> Tape</p> <p><input type="checkbox"/> 3.5 disk</p> <p><input type="checkbox"/> CD</p> <p><input type="checkbox"/> Other language (specify) _____</p>	<p>Other language may include ASL, SEE, transliteration or foreign language.</p>
<p>Office Use Only</p>	<p>Optional. Staff may use for notes if they choose.</p>
<p>Applicant's signature Date</p>	
<p>Parent's, Guardian's or Legal Representative's Signature (if appropriate) Date</p>	
<p>Parent's, Guardian's or Legal Representative's address, phone number, e-mail.</p>	